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Request	Application Number	10/559,783-Conf. #1080	
for	Filing Date	December 8, 2005	
Continued Examination (RCE) Transmittal	First Named Inventor	Mitsuko Kosaka	
Address to:	Art Unit	1649	
Mail Stop RCE Commissioner for Patents	Examiner Name	A. Dutt	
P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket Number	64614(70904)	

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June

8, 199	95, or to	any des	sign application. See instruction Sheet for HCEs (not to be submitt	ea to the	USP10) 0i	n page 2.				
1.	amendı	ments e nt does ment(s)								
	a		ously submitted. If a final Office action is outstanding, any amendments filed after the final Office action be considered as a submission even if this box is not checked.							
	i.		Consider the arguments in the Appeal Brief or Reply Brief previously filed on							
	II.	. 📙	Other							
	b. x Enclosed									
	i.	[x]	mendment/Reply iii Information [Disclosu	re Statem	ent (IDS)				
	ii.		uffidavit(s)/Declaration(s) iv Other							
2.	2. Miscellaneous									
	a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)									
b. Other										
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.										
a. X The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any Overpayments, to Deposit Account No. 04-1105.										
	i. X RCE fee required under 37 CFR 1.17(e)									
	ii. Extension of time fee (37 CFR 1.136 and 1.17)									
	iii. Other									
	b. Check in the amount of \$ enclosed									
c. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED										
Signature			/Colleen McKiernan, Ph.D./	Date	Novem	ber 19, 2008				
Name (Print/Type)		Туре)	Colleen McKiernan, Ph.D.	Registra	ation No.	48,570				

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). Dated: November 19, 2008 Electronic Signature for Colleen McKiernan, Ph.D.: /Colleen McKiernan, Ph.D./